

COUNTY \_\_\_\_\_

**APPLICATION FOR CERTIFICATE OF INSPECTION**

**TO: Robert B. Stroube, M.D., M.P.H.  
State Health Commissioner  
P. O. Box 2448  
109 Governor Street, 6<sup>th</sup> Floor  
Richmond, Virginia 23219**

The undersigned hereby applies for a Certificate of Inspection to operate an establishment for picking, packing and marketing of crab meat under the name of:

\_\_\_\_\_.

Mailing address: \_\_\_\_\_

Physical location: \_\_\_\_\_

\_\_\_\_\_

If such certificate is granted, the undersigned agrees to comply with: the ***Rules and Regulations for the Sanitary Control of the Picking, Packing and Marketing of Crab Meat for Human Consumption*** that were adopted by the Virginia Department of Health, under §§28.1-176 and 28.1-180 of the ***Code of Virginia***; the standards in the ***Manual: Sanitation of the Picking, Packing and Marketing of Crab Meat*** adopted under §28.1-176 of the ***Code of Virginia***; and the ***Regulations for the Repacking of Crab Meat***, adopted pursuant to §§28.2-801, 28.2-803 and 28.2-806 of the ***Code of Virginia***.

It is understood by the applicant that the State Health Commissioner, or his authorized representative, may in his discretion revoke any certificate granted in accordance with this application for any one or more of the following causes:

1. For occurrence in the applicant's establishment or other place of business, or in connection with his certified operations, of insanitary conditions or practices that are considered hazardous to the public health.
2. For occurrence in the applicant's establishment or other place of business, or in connection with his certified operations of repeated violations of the same item that may cause adulteration of food product, and by failure within a specified time period to correct critical deficiencies that may cause adulteration food product.

It is further understood by the applicant that in the event of revocation of a certificate the following conditions regarding certification will prevail:

- a. Application shall be made to the State Health Commissioner upon the form prescribed for regular certification.
- b. Application for recertification will not be considered by the State Health Commissioner within two weeks from date of revocation of certificate if such revocation be for causes set forth in paragraphs numbered 1 or 2.
- c. If applicant's certificate is revoked more than one time during any certification period for any cause set forth in paragraphs numbered 1 or 2, application for recertification will not be considered by the State Health Commissioner within two months from the date of last revocation.

Certificate No.  
Now Held

\_\_\_\_\_

Signed \_\_\_\_\_  
(Dealer or Authorized Representative)

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

November 18, 2005